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12/02/2004

COHN, PONTANI, LIEBERMAN & PAVANE
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 551 Fifth Avenue
 New York, NY 10176

03/07/2005 ZJUHR2 00000014 09891598

01 FC:2501 700.00 OP
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Martin B. Pavane (Depositor's name)
 (Signature)
 March 1, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,598	06/25/2001	David L. Keefe	34250-33	2124

TITLE OF INVENTION: MEIOTIC SPINDLE IMAGING IN OOCYTES AND USES THEREFOR IN IN VITRO FERTILIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	03/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHOOBIN, BARRY	2625	382-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 COHEN, PONTANI,
 2 LIEBERMAN & PAVANE
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Women & Infants Hospital of Rhode Island

Providence, RI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 1, 2005

Typed or printed name Martin B. Pavane

Registration No. 29,763

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